

Adult Medication Reference

See Pediatric Color Coded Reference Appendix for pediatric dosages

Medication	Adult Dosing
<u>Adenosine</u> (Adenocard) <u>Indications:</u> <ul style="list-style-type: none"> Specifically for treatment or diagnosis of Supraventricular Tachycardia. Consider for regular or wide complex tachycardia 	Tachycardia <ul style="list-style-type: none"> 6 mg rapid IV/IO push over 1-3 seconds. <ul style="list-style-type: none"> May repeat 12 mg after 1 – 2 minutes X 2, if no conversion.
<u>Albuterol</u> Beta-Agonist <u>Indications:</u> <ul style="list-style-type: none"> Nebulized treatment for use in respiratory distress with bronchospasm. 	Allergic Reaction/Anaphylaxis <ul style="list-style-type: none"> 2.5mg via nebulizer. <ul style="list-style-type: none"> May repeat 2.5mg. Asthma/COPD/RAD <ul style="list-style-type: none"> 2 puffs per dose of MDI. <ul style="list-style-type: none"> May repeat every 5 minutes. Albuterol is second line drug, the initial treatment should be 2.5mg albuterol and 0.5mg ipratropium (DuoNeb). <ul style="list-style-type: none"> May repeat every 5 minutes.
<u>Amiodarone</u> (Cordarone) <u>Indications/Contraindications:</u> <ul style="list-style-type: none"> Antiarrhythmic used mainly in wide complex tachycardia and ventricular fibrillation. Avoid in patients with heart block or profound bradycardia. Contraindicated in patients with iodine hypersensitivity. 	Cardiac Arrest V-Fib/Pulseless V-Tach <ul style="list-style-type: none"> 300 mg IV push. <ul style="list-style-type: none"> Repeat dose of 150 mg IV/IO push for recurrent episodes. Post-Arrest <ul style="list-style-type: none"> 150mg in 10mL normal saline slow IV/IO push over 8-10 minutes. If successful, consider maintenance infusion of 1 mg/minute Tachycardia Wide complex tachycardia <ul style="list-style-type: none"> 150 mg in 50 – 100mL normal saline infused over 10 minutes. If successful, consider maintenance infusion of 1 mg/minute.
<u>Aspirin</u> <u>Indications/Contraindications:</u> <ul style="list-style-type: none"> An antiplatelet drug for use in cardiac chest pain. History of anaphylaxis to aspirin or NSAIDs Not used in presence of active GI bleeding 	Acute Coronary Syndrome <ul style="list-style-type: none"> 324 mg chewed PO.

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<u>Atropine</u> Indications: <ul style="list-style-type: none"> Anticholinergic drug used in bradycardias and organophosphate poisonings. 	Bradycardia <ul style="list-style-type: none"> 0.5 - 1 mg IV/IO every 3 – 5 minutes up to maximum of 3 mg. Organophosphate Poisoning and Nerve Agent <ul style="list-style-type: none"> 2-6 mg IM/IV/IO every 5 minutes as needed.
<u>Atropine and Pralidoxime Auto-Injector (DuoDote) Nerve Agent Kit</u> Indications: <ul style="list-style-type: none"> Antidote for Nerve Agents or Organophosphate Overdose. 	Nerve Agents <ul style="list-style-type: none"> Patients experiencing: apnea, convulsions, unconsciousness, flaccid paralysis administer <u>3 DuoDote and 1 atropine (10 mg) auto-injectors.</u> Patients experiencing: dyspnea, twitching, nausea, vomiting, sweating, anxiety, confusion, constricted pupils, restlessness, weakness administer <u>1 DuoDote.</u>
<u>Calcium Chloride 10% solution</u> Indications: <ul style="list-style-type: none"> For calcium channel blocker overdose. 	Bradycardia <ul style="list-style-type: none"> 2-4mg/kg slow IV over 5 minutes, maximum 1g. Avoid use if pt is taking digoxin.
<u>Cyanide Antidote Kit</u> <u>Amyl Nitrate, Sodium Nitrite and Sodium Thiosulfate</u> Indications: <ul style="list-style-type: none"> Antidote for Cyanide Poisoning 	Poisoning: <ul style="list-style-type: none"> Amyl Nitrate: (2) Inhalants Sodium Nitrite: 3%, 10mL slow IV/IO over 2-4 minutes. Sodium Thiosulfate: 25% 50mL IV/IO bolus
<u>Cyanokit (Hydroxocobalamin)</u> Indications: <ul style="list-style-type: none"> Antidote for Cyanide Poisoning 	Poisoning: <ul style="list-style-type: none"> 5gm IV/IO over 15 minutes.
<u>Dextrose Glucose solutions</u> Indications: <ul style="list-style-type: none"> Symptomatic hypoglycemia. 	Diabetic Emergencies <ul style="list-style-type: none"> 25g IV/IO

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<u>Diazepam</u> (Valium) Benzodiazepine <u>Indications:</u> <ul style="list-style-type: none"> Seizure control. Sedation. Anti-anxiety (anxiolytic) 	Sedation for Electrical Therapy <ul style="list-style-type: none"> 2.5-5 mg IV/IO/IM/IN/PR Nerve Agent <ul style="list-style-type: none"> 10 mg IV/IN/IO/IM/PR OR 10 mg IM via auto-injector Seizure/Poisoning/Substance Abuse/OD <ul style="list-style-type: none"> 5-10 mg IV/IO/IM/PR Induced Therapeutic Hypothermia <ul style="list-style-type: none"> 5-10 mg IV/IO/IM/PR (for shivering)
<u>Diltiazem</u> (Cardizem) <u>Indications/Contraindications:</u> <ul style="list-style-type: none"> Calcium channel blocker used to treat narrow complex SVT. Contraindicated in patients with heart block, ventricular tachycardia, WPW, and/or acute MI. 	Tachycardia Narrow Complex Tachycardia <ul style="list-style-type: none"> 0.25 mg/kg slow IV/IO push. <ul style="list-style-type: none"> May repeat dose in 15 minutes at 0.35 mg/kg if necessary.
<u>Diphenhydramine</u> (Benadryl) <u>Indications:</u> <ul style="list-style-type: none"> Antihistamine used as an adjunctive treatment in allergic reactions. 	Allergic Reaction/Anaphylaxis <ul style="list-style-type: none"> 25-50 mg IV/IO/IM
<u>Dopamine</u> <u>Indications:</u> <ul style="list-style-type: none"> A vasopressor used in shock or hypotensive states. 	Bradycardia, Post-Resuscitation and Shock <ul style="list-style-type: none"> Infusion 2-20 mcg/kg/min IV/IO.
<u>Epinephrine 1:1000</u> (Auto-Injector ONLY) <u>Indications:</u> <ul style="list-style-type: none"> Bronchodilation in Asthma and COPD exacerbation. Primary treatment for anaphylaxis 	Allergic Reaction/Anaphylaxis <ul style="list-style-type: none"> 0.3 mg IM <ul style="list-style-type: none"> Repeat every 5 minutes to a total of 3 doses. Asthma/COPD/RAD <ul style="list-style-type: none"> 0.3 mg IM (no repeat).

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<u>Epinephrine 1:1000</u> <u>(by infusion only)</u> Indications: <ul style="list-style-type: none"> Vasopressor Post-Resuscitation, Bradycardia, allergic reaction 	Post-Resuscitation <ul style="list-style-type: none"> 2-10 mcg/min IV/IO infusion Bradycardia <ul style="list-style-type: none"> 2-10 mcg/min IV/IO infusion Allergic Reaction <ul style="list-style-type: none"> 1-10 mcg/min IV/IO infusion (maintenance)
<u>Epinephrine 1:10,000</u> Indications: <ul style="list-style-type: none"> Vasopressor used in cardiac arrest. 	Cardiac Arrest <ul style="list-style-type: none"> 1 mg IV/IO <ul style="list-style-type: none"> Repeat every 3 – 5 minutes per AHA guidelines
<u>Epinephrine</u> <u>(Racemic, for Inhalation)</u> Indications: <ul style="list-style-type: none"> Croup 	Croup <ul style="list-style-type: none"> 11.25mg in 2.5mL solution
<u>Fentanyl</u> <u>(Sublimaze)</u> Indications: <ul style="list-style-type: none"> Opioid analgesic 	Pain <ul style="list-style-type: none"> 1 mcg/kg up to 150 mcg slow IV/IO/IM/IN Therapeutic Hypothermia, Shivering <ul style="list-style-type: none"> 50mcg every 5 minutes, maximum 200mcg IV/IO/IM/IN
<u>Furosemide (Lasix)</u> Indications: <ul style="list-style-type: none"> Congestive Heart Failure, Pulmonary Edema, Hypertensive Emergencies, Toxicology 	Congestive Heart Failure, Pulmonary Edema <ul style="list-style-type: none"> 20-40mg IV/IO Hypertensive Emergencies <ul style="list-style-type: none"> 0.5-1mg/kg IV/IO Toxicology <ul style="list-style-type: none"> 40mg IV/IO
<u>Glucagon</u> Indications: <ul style="list-style-type: none"> Hypoglycemia Beta Blocker or Calcium Channel Blocker Overdose 	Diabetic Emergencies <ul style="list-style-type: none"> 1 mg IV/IO/IM/IN/SC Beta Blocker/Calcium Channel Blocker Overdose <ul style="list-style-type: none"> 1-5mg IV/IO/IM/IN/SC Bradycardia <ul style="list-style-type: none"> 1-5 mg IV/IO/IM/IN/SC

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<u>Glucose Oral</u> Glucose Solutions <u>Indications:</u> <ul style="list-style-type: none"> Use in conscious hypoglycemic states. 	Diabetic Emergencies <ul style="list-style-type: none"> Administer 1-2 tubes of commercially prepared glucose gel or equivalent.
<u>Haloperidol</u> (Haldol) Phenothiazine Preparation <u>Indications/Contraindications:</u> <ul style="list-style-type: none"> Medication to assist with sedation of agitated patients. 	Behavioral Emergencies <ul style="list-style-type: none"> 5 mg IV/IO/IM;
<u>Hydrocortisone</u> (Solu-Cortef) <u>Indications/Contraindications</u> <ul style="list-style-type: none"> Adrenal Insufficiency/Crisis Other inflammatory processes (COPD/Asthma) 	Adrenal Insufficiency/Crisis <ul style="list-style-type: none"> 100mg IV/IO/IM Respiratory Distress (COPD/Asthma) <ul style="list-style-type: none"> 100mg IV/IO/IM
<u>Ipratropium Bromide</u> (Atrovent) <u>Indications/Contraindications:</u> <ul style="list-style-type: none"> Anticholinergic bronchodilator. Blocks the muscarinic receptors of acetylcholine. Relief of bronchospasm in patients with reversible obstructive airway disease and bronchospasm. 	Asthma/COPD/RAD <ul style="list-style-type: none"> 2-3 puffs per dose of MDI combination of albuterol/ipratropium bromide. <ul style="list-style-type: none"> May repeat as necessary every 5 minutes OR 0.5mg ipratropium and 2.5mg albuterol(DouNeb). <ul style="list-style-type: none"> May repeat as necessary every 5 minutes. 0.5mg ipratropium nebulized May repeat as necessary every 5 minutes

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<u>Lidocaine</u> <u>Indications/Contraindications:</u> <ul style="list-style-type: none"> • Antiarrhythmic used for control of ventricular dysrhythmias. • Used prior to intubation of patients with suspected increased intracranial pressure (e.g., TBI, ICH) to reduce increases in intracranial pressure • Anesthetic for nasotracheal intubation and intraosseous procedures. 	Cardiac Arrest <ul style="list-style-type: none"> • 1-1.5mg/kg IV/IO. <ul style="list-style-type: none"> ▪ Repeat dose 0.75 mg/kg up to a maximum dose of 3 mg/kg, followed by; ▪ 2-4 mg/min maintenance infusion. Ventricular Tachycardia (with pulses) <ul style="list-style-type: none"> • 1 – 1.5mg/kg IV/IO. (considered second-line therapy to Amiodarone). <ul style="list-style-type: none"> ▪ Repeat dose of 0.5-0.75mg/kg every 3-5 minutes up to total dose of 3 mg/kg, followed by; ▪ 2-4 mg/min maintenance infusion. Post-Resuscitation <ul style="list-style-type: none"> • 1-1.5 mg/kg IV/IO, followed by; <ul style="list-style-type: none"> • 2-4mg/min maintenance infusion Nasotracheal Intubation <ul style="list-style-type: none"> • 2% lidocaine jelly. Intraosseous <ul style="list-style-type: none"> • 0.5 mg/kg, max of 40mg 2% lidocaine, IO slow bolus, followed by 10mL normal saline flush, then use IO access for medications
<u>Lorazepam</u> <u>(Ativan)</u> Benzodiazepine <u>Indications/Contraindications:</u> <ul style="list-style-type: none"> • Seizure control. • Sedation. • Anti-anxiety (anxiolytic). 	Behavioral <ul style="list-style-type: none"> • 2-4 mg IV/IO/IM Nerve Agent/ Seizures <ul style="list-style-type: none"> • 2-4 mg slow IV/IO/IM
<u>Magnesium Sulfate</u> <u>Indications/Contraindications:</u> <ul style="list-style-type: none"> • Elemental electrolyte used to treat eclampsia during the third trimester of pregnancy. • A smooth muscle relaxor used in refractory respiratory distress resistant to beta-agonists. • Torsades de Pointes. 	Asthma/RAD <ul style="list-style-type: none"> • 2 grams in 100ml NS given IV over 10 minutes. Seizures <ul style="list-style-type: none"> • 4 grams IV over 10 minutes in the presence of seizure in the third trimester of pregnancy or post partum. Cardiac Arrest/Tachycardia – Torsades de Pointes. <ul style="list-style-type: none"> • 1 – 2 grams IV over 5 minutes.

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<u>Methylprednisolone</u> (Solu-medrol) <u>Indications/Contraindications:</u> <ul style="list-style-type: none"> Steroid used in respiratory distress to reverse inflammatory and allergic reactions. 	Asthma/COPD/RAD <ul style="list-style-type: none"> 125 mg IV/IO/IM
<u>Metoprolol</u> (Lopressor) <u>Indications/Contraindications:</u> Rate control for adult patients who are already prescribed a beta blocker NOTE: Do not use IV Beta-blockers with IV Calcium channel blockers	Tachycardia <ul style="list-style-type: none"> 2.5mg to 5mg slow IV over 2 – 5 minutes. <ul style="list-style-type: none"> May repeat every five minutes to a maximum of 15mg
<u>Midazolam</u> (Versed) Benzodiazepine <u>Indications/Contraindications:</u> <ul style="list-style-type: none"> Seizure control. Sedation. Anxiolytic. 	Behavioral/Seizures/Induced Therapeutic Hypothermia <ul style="list-style-type: none"> 2.5-5mg IV/IO/IM/IN Nerve Agent/Organophosphate Poisoning <ul style="list-style-type: none"> 2.5mg IV/IO/IN every 5 minutes; or 5mg IM every 10 minutes as needed Sedation for Electrical Therapy <ul style="list-style-type: none"> 0.5 - 2.5 mg IV/IO/IM/IN Difficult Airway <ul style="list-style-type: none"> 2.5mg slow IV/IO/IM/IN; Repeat if necessary to a total dose of 5.0mg
<u>Morphine Sulfate</u> <u>Indications/Contraindications:</u> <ul style="list-style-type: none"> Opioid analgesic Avoid use if BP < 100 mmHg. 	Pain <ul style="list-style-type: none"> 2 mg every 5 minutes IV/IO/IM/SC, up to 10mg max.
<u>Naloxone</u> (Narcan) Opioid Antagonist <u>Indications/Contraindications:</u> <ul style="list-style-type: none"> Opioid overdose. 	Pain <ul style="list-style-type: none"> Antidote: For hypoventilation from opiate administration by EMS personnel, administer naloxone 0.4mg-2.0mg SQ/IV/IM/IN as needed. Poisoning/Substance Abuse/OD Opioid OD <ul style="list-style-type: none"> 0.4 – 2mg IV/IM/SQ/IN/ETT. <ul style="list-style-type: none"> If no response, may be repeated as needed

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<u>Nitroglycerin</u> <u>Indications/Contraindications:</u> <ul style="list-style-type: none"> Vasodilator used in the treatment of chest pain secondary to acute coronary syndrome and CHF Hypertensive emergencies. Not used in presence of Hypotension or recent use of phosphodiesterase-type-5-inhibitor within last 48 hours. 	Cardiac Conditions/Hypertensive Emergencies <ul style="list-style-type: none"> 0.4mg SL tabs or 1 spray every 3 – 5 minutes while symptoms persist and if systolic BP remains >100 mmHg. 1 inch paste to chest wall, transdermal
<u>Ondansetron</u> (Zofran) Anti-emetic <u>Indications:</u> <ul style="list-style-type: none"> Used to control Nausea and/or Vomiting. 	Nausea/Vomiting <ul style="list-style-type: none"> 4mg IV/IO/IM/ODT.
<u>Oxygen</u> <u>Indications:</u> <ul style="list-style-type: none"> Any condition with increased cardiac work load, respiratory distress, or illness or injury resulting in altered ventilation and/or perfusion. Goal oxygen saturation ≥94%. Used for pre-oxygenation whenever possible prior to endotracheal intubation. Goal oxygen saturation 100%. 	<ul style="list-style-type: none"> 1-6 liters/min via nasal cannula. 10-15 liters/min via NRB mask. 15 liters/min via BVM
<u>Pralidoxime</u> (2-PAM) <u>Indications:</u> <ul style="list-style-type: none"> Antidote for Nerve Agents or Organophosphate Overdose. Administered as part of Mark I kit. 	Nerve Agent/Organophosphate Poisoning <ul style="list-style-type: none"> 600mg via Auto-Injector IM per kit, 1-3 kits.

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<u>Sodium Bicarbonate</u> Indications: <ul style="list-style-type: none"> A buffer used in acidosis to increase the pH in Cardiac Arrest, Hyperkalemia or Tricyclic Overdose. 	Poisoning/Substance Abuse/OD/Toxicology <ul style="list-style-type: none"> 0.5-1 mEq/kg IV/IO Cardiac Arrest/Known Hyperkalemia/Acidosis/TCA Overdose <ul style="list-style-type: none"> 1 mEq/kg IV/IO
<u>Tetracaine 0.5%</u> Indications: <ul style="list-style-type: none"> Topical anesthetic for eye injuries 	Eye Injuries <ul style="list-style-type: none"> 1-2 drops to affected eye; repeat every 5 minutes as needed.
<u>Thiamine</u> Indications: <ul style="list-style-type: none"> Altered Mental Status, Failure to Thrive, Syncope of unknown etiology, Alcoholism 	<ul style="list-style-type: none"> 100mg IV/IO/IM
<u>Vasopressin</u> Indications: <ul style="list-style-type: none"> Cardiac Arrest 	Cardiac Arrest; Asystole, Pulseless Electrical Activity, Ventricular Fibrillation, Ventricular Tachycardia (without pulses) <ul style="list-style-type: none"> 40 units IV/IO in place of first or second dose of Epinephrine